

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700522	RECEIPT DATE:	11 / 15 / 00
IA NUMBER:	PCT/ US00 / 10637	IA FILING DATE:	04 / 19 / 00
FAMILY NAME:	KAPILOW	DELAY WAIVED (Y/N):	N
GIVEN NAME:	DAVID A.	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 19 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	1999-0096-1	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	AT & T CORP		
STREET:	PO BOX 4110		
CITY:	MIDDLETOWN		
STATE/COUNTRY:	NJ	ZIP:	077484110
EMAIL:			
APPLICATION TITLES:			
METHOD AND APPARATUS FOR PERFORMING PACKET LOSS OR FRAME ERASURE CONCE			
ALNMENT			

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/700,522	FILING DATE 11/15/2000 RULE _	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. 199-0096-1A
APPLICANTS David A. Kapilow, Berkeley Heights, NJ ;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US00/10637 04/19/2000 WHICH CLAIMS BENEFIT OF 60/130,016 04/19/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/22/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged		STATE OR COUNTRY NJ	SHEETS DRAWING 14	TOTAL CLAIMS 2
ADDRESS AT & T Corp PO Box 4110 Middletown, NJ 07748		TITLE Method and apparatus for performing packet loss or frame erasure concealment		
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	